

Michigan Cancer Surveillance Program

April 2013 Update

Submission of Data ~


Some important reminders about submission of data are listed below!

- Any missed reports for diagnosis year 2011 or earlier, MUST be submitted to the MCSP by ***April 30, 2013***.
- All cases diagnosed in 2012, MUST be submitted to the MCSP by ***August 31, 2013***.
- Diagnosis year 2013 cases MUST be submitted to the MCSP in NAACCR format version 13.0.

NOTE: If your registry is in the SEER area (Wayne, Oakland or Macomb County) and you have questions regarding submission of data, please contact your SEER-State Coordinator, Jeanne Whitlock at 313.578.4219 or whitlock@med.wayne.edu.

Request for Automated Death Data Files ~

Data files containing information on decedents in Michigan can be requested for the purpose of permitting linkage to the hospital cancer registry database. The data files supplied by the Michigan Department of Community Health are considered confidential medical information. These files **will not** be used for any purpose other than registry linkage. To request the Automated Death Data File for Hospital Registry Management and Patient Follow Up, follow the instructions provided below.

1. Download the Confidentiality Agreement  form, which is available on the MDCH website at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.
2. Mail the ***original*** signed Confidentiality Agreement form to:

Michigan Department of Community Health
Michigan Cancer Surveillance Program
Capitol View Building, 2nd Floor
201 Townsend St.
Lansing, MI 48933
Attn: Wendy Stinnett

NOTE: The MCSP must receive the ***original*** signed form in order to process the request for Automated Death Data Files. Please be sure to include the facility name, mailing address, contact name, phone number and email address along with the request form.

If you have any questions regarding the Automated Death Data File request, please contact Wendy Stinnett at 517.335.8747 or stinnett@w@mdch.org.

Attention Michigan Abstract Plus Users ~

Abstract Plus upgrade, Version 3.2.1.0 is now available! Version 3.2.1.0 is effective for cases diagnosed on or prior to December 31, 2012. If you are an Abstract Plus user and have not upgraded your software yet, please contact Terry McTaggart at 517.335.9624 or mctaggartT1@michigan.gov for installation instructions.

Cyber Seminar: ‘Collaborating for Impact: Public Health Genomics and Cancer Control’ ~

The field of public health genomics has exploded over the last several years as more and more states are collaborating around cost-efficient, evidence-based methods to enhance cancer screening and prevention efforts. Registration to join the National Cancer Institute and Research to Reality (R2R) cyber-seminar on Tuesday, April 16 from 2:00–3:00pm (ET) has been opened. In this seminar, opportunities and advances in this exciting field will be explored and opportunities for collaboration between state and local health departments, cancer registries, and research institutions, to improve the care and programs provided across the states will be addressed. April’s cyber-seminar will feature three partners who are working together around several exciting public health genomic initiatives in Michigan.

Debra Duquette from the Michigan Department of Community Health will provide an overview of how Michigan, as well as several other states, are creating innovative initiatives in genomics through cooperative agreements, collaborations with cancer registries, and will share some lessons learned relevant to other states/organizations looking to develop, fund and implement similar initiatives in their own states.

Glenn Copeland, Director of the MCSP, State Cancer Registrar, and Director of the Michigan Birth Defects Registries, will describe the specific effort the Cancer Registry has made to create a bi-directional reporting system and its role in developing and improving cancer control interventions and programs.

Dr. Maria Katapodi from the University of Michigan School of Nursing will discuss the opportunities for, and role of researchers in public health genomics research and practice. Dr. Katapodi will also discuss a recent research study exploring how to improve adherence to screening guidelines with young breast cancer survivors and their families.

Additionally, representatives from Connecticut (Beverly Burke), Colorado (Dr. Jan Lowery and Randi Rycroft) and Florida (Dr. Tuya Pal) will also join the question and answer portion of the webinar so that we can also learn from the exciting work these states are doing in the arena of public health genomics.

For more information and to register for this event, go to <https://researchtoreality.cancer.gov/cyber-seminars>.

Michigan Cancer Surveillance Program Cancer Reporting Documents ~

Revisions to the MCSP cancer reporting documents are currently underway. Listed on the following page are the documents currently available on the MDCH website at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

- MCSP Cancer Report Form (Rev. 4/1/2013): Cases submitted manually must use the current revision DCH-0768 (Rev. 4/1/2013). *Note*: For use by facilities defined as a ‘Hospital without a Registry’ or ‘Independent Laboratory’ who submit less than 100 cases per year.
- MCSP Cancer Program Manual Draft (Rev. 2/25/2013): The MCSP Cancer Program Manual is currently under revision. Use the draft copy until the revision is complete.
- MCSP Reporting Requirements by Item and Facility Type: Contains the specific reporting requirements based upon item and facility type.
- MCSP SSF Requirements by Primary Site (Rev. 1/4/2013): Color coded spreadsheet created by the MCSP that indicates which SSF fields are required, as well as, the level of reporting requirements based upon facility type.
- MCSP SSF Defaults (Rev. 1/4/2013): This chart lists the acceptable default values for Collaborative Stage (CS) version 02.04 invasive tumors with a diagnosis date of 2012 and forward.
- MCSP Laterality Codes by Primary (Rev.2/2013): This table contains the allowable laterality code(s) based upon primary site.
- MCSP Casefinding Codes (Rev. 2/25/2013): To ensure completeness of reporting, use the tables and guidelines provided by the MCSP to generate the Master Disease Index (MDI). *Note*: For more information on Casefinding Procedures, refer to the MCSP Cancer Program Manual.

FORDS: Revised for 2013 ~

The Facility Oncology Registry Data Standards (FORDS) manual has been revised for 2013. This version of FORDS replaces all previous versions. Registries are encouraged to read the *Preface* and review *Appendix C* for an overview of the 2013 changes. Three new sets of data items have been added and another set has been discontinued. The new data items are:

- **Country**: Three new items that identify *country* are added to **FORDS: Revised for 2013**: *Address at DX-Country*, *Address Current-Country*, and *Birthplace-Country*. The former *Place of Birth* is replaced with *Birthplace-State* (NAACCR Item #252), and some applicable codes have changed. A new *Appendix E* is the reference for state and associated country codes.
- **Secondary Diagnoses**. Federal rules require that hospitals upgrade from ICD-9-CM coding to ICD-10-CM during 2014. ICD-10-CM codes have more potential characters (7) than ICD-9-CM (5) and the codes are different (though there is some overlap). Therefore, ten new data fields have been added for entering them, *Secondary Diagnoses #1-10*. During 2013, ICD-9-CM codes should continue to be recorded in *Comorbidities and Complications #1-10*. ICD-10-CM codes collected for 2013 diagnoses *must* be recorded in the new fields.
- **Over-ride CS 1-19**. Twenty over-ride flags have been added for use with the **Collaborative Stage Data Collection System (CS)** edits. *Over-ride CS 20* is defined specifically for use by non-CoC accredited facilities and must remain blank for CoC programs. *Over-ride CS 1-19* is

added to **FORDS: Revised for 2013** for potential use and specific definitions will be announced when edits are released that reference these items.

To view and/or download a copy of FORDS: Revised for 2013, go to <http://www.facs.org/cancer/coc/fordsmanual.html>.

Hematopoietic and Lymphoid Neoplasm Database Software Version 2.2 ~

The Hematopoietic and Lymphoid Neoplasm Database was last updated on February 25, 2013. The data changes are reflected in both the web-based database and the stand-alone software. To view and/or download the Hematopoietic Database Software Version 2.2, go to the SEER website at <http://www.seer.cancer.gov/tools/heme/>.

Revised SEER*Rx – Interactive Antineoplastic Drugs Database ~

Did you know that the SEER*Rx – Interactive Antineoplastic Drugs Database was updated on January 23, 2013? A comprehensive review of chemotherapeutic drugs currently found in the SEER*Rx has been completed and in keeping with the FDA, some of the drugs have changed categories from Chemotherapy to BRM/Immunotherapy. This change is effective with diagnosis date January 1, 2013 and forward.

To view and/or download the SEER*Rx – Interactive Antineoplastic Drugs Database, go to the SEER website at <http://www.seer.cancer.gov/tools/seerrx/>.

Recording Comorbidities and Complications and Secondary Diagnosis Data Items ~

Federal rules required that hospitals upgrade from ICD-9-CM coding to ICD-10-CM during 2014. As ICD-10-CM codes have more potential characters (7) than ICD-9-CM (5) and the codes are different (although there is some overlap), ten new data items (*Secondary Diagnosis # 1-10*) have been added for entering them.

During 2013, ICD-9-CM codes should continue to be recorded in *Comorbidities and Complications #1-10* fields. If your hospital is one that is now collecting ICD-10-CM codes, these codes **MUST** be recorded in the new *Secondary Diagnoses # 1-10* fields.

Do NOT use the old Comorbidities and Complications #1-10 fields for recording any ICD-10-CM codes for cases diagnosed on or after January 1, 2013. ICD-10-CM codes **MUST** be entered in the new *Secondary Diagnoses #1-10* fields.

For more information, refer to FORDS: Revised for 2013 at <http://www.facs.org/cancer/coc/fordsmanual.html>.

Family History of Cancer (MCSP Data Items 16a-c) ~

Family History of Cancer is a required MCSP data item. Starting with data submitted in NAACCR version 13, facilities that submit electronic abstract data to MCSP **must coordinate with their software vendors to ensure that this data value is recorded in NAACCR record layout, column number 2449**. After that date, abstracts submitted with incorrect format or missing values will be rejected by MCSP.

The *Family History of Cancer* field(s) records whether or not the patient has a family history of cancer, whether or not it is an immediate family member, and whether or not the immediate family member has the same type of cancer as the patient.

If unknown enter “unknown” or ‘9.’

The MCSP user defined codes for *Family History of Cancer* are as follows:

Code	Family Hx	Immediate Family Member	Same Site
0	No	No	No
1	Yes	Yes	Yes
2	Yes	Yes	No
3	Yes	No	Yes
4	Yes	No	No
5	Yes	Yes	Blank
6	Yes	Blank	Yes
7	Yes	Blank	No
8	Yes	Blank	Blank
A	Yes	No	Blank
9	Blank	Blank	Blank

For more information, refer to the MCSP Cancer Program Manual.

Alcohol Use (MCSP Data Item 17) ~

Alcohol Use is a required MCSP data item. Starting with data submitted in NAACCR version 13, facilities that submit electronic abstract data to MCSP **must coordinate with their software vendors to ensure that this data value is recorded in NAACCR record layout, column number 2448.**

After that date, abstracts submitted with incorrect format or missing values will be rejected by MCSP.

The *Alcohol Use* field records whether or not the patient has a history of alcohol use.

If unknown, enter “Unknown” or ‘9.’

The MCSP user defined codes for *Alcohol Use* are as follows:

Code	Current	Prior	Never
1	Checked/Yes	Blank	Blank
2	Blank	Checked/Yes	Blank
3	Blank	Blank	Checked/Yes
9	Blank	Blank	Blank

For more information, refer to the MCSP Cancer Program Manual.

Tobacco History (MCSP Data Item 18) ~

This is a MCSP-required data item. Starting with data submitted in NAACCR version 13, facilities that submit electronic abstract data to MCSP **must coordinate with their software vendors to ensure that this data value is recorded in NAACCR record layout, column number 2447.** After that date, abstracts submitted with incorrect format or missing values will be rejected by MCSP.

The *Tobacco History* field records whether or not the patient has a history of tobacco use (cigarettes, pipe, cigars, snuff, or chew).

If the patient quit smoking one year or less from the initial date of diagnosis, indicate “current use.”

If unknown, enter “unknown” or ‘9.’

The MCSP user defined codes for *Tobacco History* are as follows:

Code	Current	Prior	Never
1	Checked/Yes	Blank	Blank
2	Blank	Checked/Yes	Blank
3	Blank	Blank	Checked/Yes
9	Blank	Blank	Blank

For more information, refer to the MCSP Cancer Program Manual.

Facility Contact Information Form ~

We need your help! The Michigan Cancer Surveillance Program is currently in process of updating facility contact information. To assist with this process, we have created a new form for submitting facility and contact information. Please have one person at the facility complete the new *MCSP Facility and Contact Information Form*, which is available on the MDCH website at http://michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html. Form should be completed and returned **by April 30, 2013**.

Remember! If at any time there are changes in the facility contact information, it is the responsibility of the facility to inform the MCSP of those changes.

MCSP Staff ~

If you have any questions regarding cancer reporting, or would like more information about workshops, please feel free to give one of us a call.

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